



# WASHINGTON STATE EMERGENCY MANAGEMENT DIVISION TRAINING APPLICATION

**ATTN:** Deborah Henderson  
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Emergency Management Division  
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**Please Print**

**Name:**

**Position in Organization:**

**Name & Address of Organization Represented:**

**Work Phone:**

**Work Fax:**

**Work Email:**

**Mailing Address:**

**Home Phone:**

**Home Fax:**

**Home Email:**

**Male or Female:**

**Course Name and Number:** 3<sup>rd</sup> Annual Statewide Hazardous Materials Workshop

**Course Date:** April 5-6, 2003

**Workshop Sessions Selected:** (Select four and write the order of your preference)

- |  |           |
|--|-----------|
| <input type="checkbox"/> Responder Awareness           | 1.) _____ |
| <input type="checkbox"/> Building Collapse             | 2.) _____ |
| <input type="checkbox"/> Transportation                | 3.) _____ |
| <input type="checkbox"/> Mass Decon                    | 4.) _____ |
| <input type="checkbox"/> Household Hazardous Chemicals | 5.) _____ |
| <input type="checkbox"/> Streetwise Hazmat             | 6.) _____ |

Do you have any disabilities which  
require special consideration? If  
yes, please explain:

Yes:

No:

**Signature of Participant:**

**Signature of Local Emergency Management Director/Designee:**

**Date:**

**Date:**